



REPORT OF RECEIPTS AND EXPENDITURES OF A POLITICAL COMMITTEE

State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4)
Summary Sheet**

FILE NUMBER	
TOTAL PAGES IN ENTIRE CFA-4 REPORT	10

INSTRUCTION: Please type or print legibly **IN BLACK INK** all information on this form. For assistance in completing this form, see instructions on the reverse side.

IS THIS AN AMENDMENT? Yes No

COMMITTEE INFORMATION		
1. Full Name of Committee (as on Statement of Organization) <input type="checkbox"/> Check if this is a new name	THOMAS CLINE FOR TRUSTEE	
2. Acronym or Abbreviated Name (if any)	T/A	
3. Committee Telephone Number	(317) 867-1112	
4. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address	1-774 NYLA COURT	
5. City, State, ZIP Code	JOBLESVILLE IN. 46062	
6. Party Affiliation (if applicable)	REPUBLICAN	
CANDIDATE INFORMATION (For Candidate's Committees Only)		
7. Full Name of Candidate (include any nickname)	THOMAS S. CLINE	
8. Party Affiliation or if Independent Candidate	REPUBLICAN	
9. Office Sought (include district number, if any. Not required for exploratory committee.)	WASHINGTON TWP. TRUSTEE	
10. County of Residence	HAMILTON	
TYPE OF REPORT		CONVENTION CANDIDATES ONLY
11. Check one: <input type="checkbox"/> Pre-Primary <input checked="" type="checkbox"/> Pre-Election <input type="checkbox"/> Annual <input type="checkbox"/> Nomination <input checked="" type="checkbox"/> Other <u>FINAL REPORT</u> <input checked="" type="checkbox"/> Final/Disbands Committee (lines 18, 19, and 20 must be '0') <input type="checkbox"/> Outgoing Treasurer (within 10 days amend Statement of Organization)		Check one: <input type="checkbox"/> Pre-Convention <input type="checkbox"/> Post-Convention
12. Reporting Period: From: <u>4-7-2006</u> Through: <u>10-20-2006</u>	COLUMN A This Period	COLUMN B Year to Date
13. Cash on hand and investments at the beginning of this reporting period.	1540.38	
14. Cash on hand and investments January 1, current year.		0
CONTRIBUTIONS AND RECEIPTS		
<i>(Note: these amounts include in-kind contributions and loans, as well as cash contributions.)</i>		
15a. Itemized (use Schedule A)	1425.00	2825.00
15b. Unitemized	50.00	490.00
15c. Add lines 15a and 15b in both columns	SUBTOTAL 1475.00	3315.00
16. Add line 13 and 15c in Column A and lines 14 and 15c in Column B	TOTAL 3015.38	3315.00
EXPENDITURES		
<i>(Note: These amounts include in-kind expenditures and loan repayments.)</i>		
17a. Itemized (use Schedule B) (Public Question: use Schedule C)	2618.12	2868.12
17b. Unitemized	397.26	446.88
17c. Add lines 17a and 17b in both columns	SUBTOTAL 3015.38	3315.00
18. Cash on hand and investments at close of this reporting period (subtract 17c from 16 in both columns)	TOTAL 0	0
19. Debts INCURRED BY the committee (use Schedule D)	0	
20. Debts INCURRED TO the committee (use Schedule E)	0	

CERTIFICATION	FOR OFFICE USE ONLY
Signature on File	FILED 2006 OCT 19 PM 3:48 Dennis B. Barts
<p><small>Whoever prepares this report commits a Class B misdemeanor, (IC 3-19-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor, (IC 3-14-1-14) and may be subject to civil penalties. (IC 3-9-4-16, IC 3-9-4-17, IC 3-9-4-18)</small></p>	



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OF A POLITICAL COMMITTEE**
State Form 4606 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-1)
CONTRIBUTIONS BY INDIVIDUALS
Itemized Contributions and Other Receipts**

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY INDIVIDUALS ON THIS SCHEDULE. Please type or print legibly in black ink. All information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from individuals OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee). A contributor's occupation is required if an individual makes at least \$1,000 in contributions during the calendar year. Otherwise, this is optional.

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CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
				RECEIVED BY
1. BILL WENDLING 11716 OAK ROAD WESTFIELD, IN. 46074 Contributor's Occupation (if required) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	200.00	200.00	4-13-06
2. TONY MURRAY 651 1ST AVE. NE CARMEL, IN. 46074 Contributor's Occupation (if required) <u>Fire Fighter</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00	100.00	4-22-06
3. MICHAEL CLINE 211945 NINESLEY ROAD SHERIDAN, IN. 46069 Contributor's Occupation (if required) <u>Lawn Care</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	100.00	100.00	4-15-06
4. LIANE PAYTON 22262 GRASSY BLANCH WESTFIELD, IN. 46074 Contributor's Occupation (if required) <u>Secretary</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	125.00	125.00	4-17-06
5. BRIAN ZEGAR 634 GRACE DR. CARMEL, IN. 46032 Contributor's Occupation (if required) <u>Att'y</u>	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	200.00	200.00	6-7-06
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 725		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>		\$ 725		



**REPORT OF RECEIPTS AND EXPENDITURES
OF A POLITICAL COMMITTEE**
State Form 4806 (R13/11-05)
Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-2)
CONTRIBUTIONS BY CORPORATIONS
Itemized Contributions and Other Receipts**

INSTRUCTION: LIST ONLY CONTRIBUTIONS BY CORPORATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from corporations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER	
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1.	CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED
					RECEIVED BY
	N/A	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
2.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.		Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) <hr/> Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A			\$		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY <i>(Enter total on ITEM 15a of the Summary Sheet)</i>			\$		



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-3)
CONTRIBUTIONS BY
LABOR ORGANIZATIONS**

Itemized Contributions and Other Receipts

INSTRUCTIONS: LIST ONLY CONTRIBUTIONS BY LABOR ORGANIZATIONS ON THIS SCHEDULE. Please type or print legibly IN BLACK INK all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts totaled on ITEM 15a of the Summary Sheet. All cumulative contributions from labor organizations OVER \$100 per contributor, within a calendar year MUST be itemized on this schedule (over \$200, if regular party committee). All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) OVER \$100 per contributor, within a calendar year, MUST be itemized on this schedule (over \$200 if regular party committee).

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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. [Faded text]	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	5.0000	5.0000	4-2-06
2. INTERNATIONAL ASSOC. OF FIRE FIGHTERS 1150 N.Y. AVE NW WASHINGTON, DC 20006	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	200.00	200.00	6-12-06
3. [Empty]	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4. [Empty]	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5. [Empty]	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 200.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 200.00		



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE A-4)
CONTRIBUTIONS BY
POLITICAL ACTION COMMITTEES**
Itemized Contributions and Other Receipts

INSTRUCTION: LIST ONLY CONTRIBUTIONS BY POLITICAL ACTION COMMITTEES ON THIS SCHEDULE. Please type or print legibly. **DO NOT** check any box on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document contributions and receipts **totaling on ITEM 15a** of the Summary Sheet. All contributions from political action committees **OVER \$100** per contributor, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All transfers-in and in-kind contributions **regardless of amount** from political action committees **MUST** be itemized on this schedule. All cumulative receipts, (such as loan proceeds and repayments, refunds, rebates, returns of deposit, proceeds from sales, interest or other income) **OVER \$100** per contributor, within a calendar year, **MUST** be itemized on this schedule (over \$200 if regular party committee).

FILE NUMBER
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CONTRIBUTOR'S FULL NAME AND FULL MAILING ADDRESS (Street, number, city, state, ZIP code)	TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE RECEIVED RECEIVED BY
1. HAMILTON CO. PROFESSIONAL FIRE FIGHTERS LOCAL 4416 PAC 23. S. 8TH ST. NOBLESVILLE IN. 46060	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)	500.00	500.00	4-27-06
2.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
3.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
4.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
5.	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc. (specify)			
SUBTOTAL THIS PAGE OF SCHEDULE A		\$ 500.00		
TOTAL OF ALL PAGES OF SCHEDULE A ON THE LAST PAGE ONLY (Enter total on ITEM 15a of the Summary Sheet)		\$ 500.00		



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**(CFA-4 SCHEDULE B)
ITEMIZED EXPENDITURES**

INSTRUCTIONS: Please type or print legibly in **BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. This schedule is used to document expenditures totalled on ITEM 17a of the Summary Sheet. All cumulative expenses paid to individuals, businesses, labor organizations and other entities **OVER \$100** per recipient, within a calendar year **MUST** be itemized on this schedule (over \$200, if regular party committee). All cumulative expenses, including in-kind, regardless of amount paid to political committees, (such as transfers-out from candidate, legislative caucus, political action, or regular party committees) **MUST** be itemized on this schedule.

FILE NUMBER
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RECIPIENT'S CODE	NAME AND MAILING ADDRESS (street, number, city, state, ZIP code)	RECIPIENT'S OCCUPATION OFFICE SOUGHT (if applicable)	TYPE OF EXPENDITURE and PURPOSE (be specific)	COLUMN A	COLUMN B	DATE OF EXPENDITURE
				AMOUNT THIS PERIOD	CUMULATIVE YEAR-TO-DATE	
Code <u>A</u>	<u>PRINT DIRECTIONS</u> <u>7982 PERSERVATION DR</u> <u>INDIANAPOLIS, IN 46278</u>	<u>WASH. TWP. TRUSTEE</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>FLYERS</u>	<u>1114.94</u>	<u>1114.94</u>	<u>4-19-06</u>
Code <u>A</u>	<u>A SPECIAL TOUCH LLC</u> <u>5925 DARBY CIRCLE</u> <u>NORLEESVILLE, IN</u> <u>46062</u>	<u>" " "</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>T-SHIRTS</u>	<u>217.30</u>	<u>217.30</u>	<u>5-1-06</u>
Code <u>A</u>	<u>PARK ST. PUB</u> <u>PARK ST.</u> <u>WESTFIELD, IN</u> <u>46074</u>	<u>" " "</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>DINNER</u>	<u>342.25</u>	<u>342.25</u>	<u>5-2-06</u>
Code <u>A</u>	<u>VICTORY STORE</u> <u>5200 SW 30TH</u> <u>DAVENPORT, IA</u> <u>52802</u>	<u>" " "</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>YARD SIGNS</u>	<u>592.00</u>	<u>592.00</u>	<u>10-1-06</u>
Code <u>C</u>	<u>HAMILTON Co. FF</u> <u>LOCAL 4416 PAC</u>	<u>" " "</u>	<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input checked="" type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>"</u>	<u>71.63</u>	<u>71.63</u>	<u>10-19-06</u>
Code <u>A</u>	<u>MELANIE BECK</u> <u>300 EAST ST.</u> <u>WESTFIELD, IN</u>	<u>" " "</u>	<input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: <u>YARD SIGN LABOR</u>	<u>280.⁰⁰</u>	<u>280.⁰⁰</u>	<u>4-7-06</u>
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other Purpose: _____			
SUBTOTAL THIS PAGE OF SCHEDULE B				<u>\$ 2618.12</u>		
TOTAL OF ALL PAGES OF SCHEDULE B ON THE LAST PAGE ONLY (Enter total on ITEM 17a of the Summary Sheet)				<u>\$ 2618.12</u>		



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE C)
ITEMIZED EXPENDITURES
For Public Questions**

INSTRUCTION: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. All cumulative expenses or transfers-out, regardless of amount paid to political committees supporting or opposing a public question, **MUST** be itemized on this schedule.

FILE NUMBER
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PUBLIC QUESTION INFORMATION

Enter Text of Public Question

Type of Question: Statewide Local
Position: Supported Opposed

RECIPIENT'S CODE	RECIPIENT'S NAME AND MAILING ADDRESS <small>(street, number, city, state, ZIP code)</small>	RECIPIENT'S OCCUPATION	TYPE OF EXPENDITURE and PURPOSE <small>(be specific)</small>	COLUMN A AMOUNT THIS PERIOD	COLUMN B CUMULATIVE YEAR-TO-DATE	DATE OF EXPENDITURE
Code _____	N/A		<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
Code _____			<input type="checkbox"/> Direct <input type="checkbox"/> In-Kind <input type="checkbox"/> Payment of Debt <input type="checkbox"/> Returned Contribution <input type="checkbox"/> Other _____ Purpose:			
SUBTOTAL THIS PAGE OF SCHEDULE C				\$		
TOTAL OF ALL PAGES OF SCHEDULE C ON THE LAST PAGE ONLY <small>(Enter total on ITEM 17a of the Summary Sheet)</small>				\$		



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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE D)
DEBTS OWED BY THIS COMMITTEE**

INSTRUCTION: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, **OWED BY** the committee during the reporting period. Include all amounts owed for or to lend institutions, individuals, credit purchases, committee credit card accounts, etc. List each vendor paid by credit card issued in the name of the committee in the ENDORSER'S column. A lender's occupation is required if an individual makes loans of at least \$1,000 during the calendar year. Otherwise, this is optional.

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CREDITOR'S OR LENDER'S NAME MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	ENDORSER'S OR VENDOR'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
N/A					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
LENDER'S OCCUPATION:					
SUBTOTAL THIS PAGE OF SCHEDULE D					\$
TOTAL OF ALL PAGES OF SCHEDULE D ON THE LAST PAGE ONLY <i>(Enter total on ITEM 19 of the Summary Sheet)</i>					\$



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OF A POLITICAL COMMITTEE**
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Indiana Election Commission (IC 3-9-5-14)

**(CFA-4 SCHEDULE E)
DEBTS OWED TO THIS COMMITTEE**

FILE NUMBER
Page <u>10</u> of <u>10</u>

INSTRUCTIONS: Please type or print legibly **IN BLACK INK** all information on this schedule. For assistance in completing this schedule, see instructions on the reverse side. List all debts and loans, regardless of the amount, owed to the committee during the reporting period. Include all amounts the committee has loaned to others.

BORROWER'S NAME & MAILING ADDRESS <i>(street, number, city, state, ZIP code)</i>	CO-SIGNER'S NAME & MAILING ADDRESS <i>(if any)</i> <i>(street, number, city, state, ZIP code)</i>	ORIGINAL AMOUNT	DATE DEBT INCURRED	CUMULATIVE PAID YEAR-TO-DATE	OUTSTANDING BALANCE THIS PERIOD
		NATURE OF DEBT			
N/A					
SUBTOTAL THIS PAGE OF SCHEDULE E					\$
TOTAL OF ALL PAGES OF SCHEDULE E ON THE LAST PAGE ONLY <i>(Enter total on ITEM 20 of the Summary Sheet)</i>					\$